

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

JEFFREY MCEARCHEN, DANIEL LAWSON, and
THOMAS C. WOLFE, individually and on behalf of
all other persons similarly situated,

Case No.: 13-cv-3569-FB-JO

Plaintiffs,

-against-

URBAN OUTFITTERS, INC.,

Defendant.

-----X

NOTICE OF FILING OF CONSENT FORMS

Pursuant to the Court's instructions and directions at the Status Conference on November 19, 2014 (see ECF Docket No. 131), by this Notice, Plaintiffs' Counsel are hereby filing the original consents of the individuals listed below in their unredacted form as Exhibit A, which consents were previously filed in redacted form.

1.	Samantha	Roberts
2.	Robert	Goodwin
3.	Justin	Klaas
4.	Vanessa Aileene	Smith
5.	Barbi	Rossi
6.	Richard	Buznego
7.	Stephanie	Escobar

8.	Tamara	Martina
9.	Deborah	Brewer
10.	Emily	Chen
11.	Caroline	Clements
12.	Adam	Friedlander
13.	Shannon	Garrett
14.	Alex	Golubski
15.	Sarah	Kissam
16.	Maria	Lombardi
17.	Kristine	Lovell
18.	Justin	Pietsch
19.	Jay	Richardson
20.	Lauren	Somppi
21.	Christina	Tonian
22.	Sophia	Valdivia
23.	Amanda	Myers
24.	Danielle	Archibee
25.	Kevin	Emerson
26.	Jacquelyn	Johnston
27.	Michelle	Whitaker
28.	Alyssa	Baccichetti
29.	Kyle	Gibson
30.	Nina	Kirkpatrick
31.	Nicole	Simonds
32.	Adrienne	Hart
33.	Sarah	Opatz
34.	Danielle	Lattimore
35.	Justin	Ryan
36.	Lacei	Bixby
37.	Abbey	Blocker
38.	Jeremy	Plante
39.	Chanel	Castaneda
40.	Sydney	Mulholland
41.	Paige	Smith
42.	Nicholas	Arnold

43.	Thomas	Bower
44.	Andrea	Conrad
45.	Emilia	Howard
46.	Chris	Martin
47.	Fatima	Bayonito
48.	Meghan	Messner
49.	Robyn	Stenner
50.	Michele	Francisco
51.	Erica	Wolf
52.	Sarah	Bronson
53.	Julia	Priore
54.	Jaydee	Devine
55.	Allyson	Awasthi
56.	Brad	Pacheco
57.	Megan	Fraser
58.	Naomi	Ryan
59.	Sarah	Gillmarten
60.	Matthew	Lybarger
61.	Paula	Pokusa
62.	Sean	Reilly
63.	Stephanie	Kor
64.	Rhiannon	Leyba
65.	Jillian	Swain
66.	Michelle	Otero
67.	Lorie Anne	Reyes
68.	Ethan	Moya
69.	Medinilla	Soares
70.	Mandi	Woupes
71.	Ryan	Moore
72.	Laura	Reed
73.	Tyler	Scott
74.	Joshua	Allison
75.	Alyson	Fox
76.	Garrett	McGraw
77.	Savannah	Johnson

78.	Matthew	Schachtebech
79.	Gillian	Way
80.	Cole	Higginbotham
81.	Luke	Best
82.	Antonella	Durantine
83.	Britini	Frey
84.	Monica	Garza
85.	Sinat	Giwa
86.	Stephanie	LeoGrande
87.	Jeremy	Majors
88.	Mia	Shurden
89.	Abigail	Taylor
90.	Jennifer	Zito

Dated: December 1, 2014

By 
Seth R. Lesser

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Attorneys for the Plaintiffs

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on December 1, 2014 the foregoing was electronically filed with the Clerk of the Court using the CM/ECF system which sent notification of such filing to all counsel of record.

/s/ Fran L. Rudich _____

Attorneys for the Plaintiffs

EXHIBIT A

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

SAMANTHA ROBERTS

Consent Form Number: 1001108

Control Number: 3066617967

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ SAMANTHA ROBERTS

Signature

8/24/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

ROBERT GOODWIN

Consent Form Number: 1000468

Control Number: 0046745331

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ ROBERT GOODWIN

Signature

8/26/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

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Fax: 1(844) 553-1309

JUSTIN KLAAS

Consent Form Number: 1000681

Control Number: 0253199064

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ JUSTIN KLAAS
Signature

8/26/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

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UBO



UBO0200123611

VANESSA SMITH
12069 W. SILVERKING CT.
BOISE, ID 83709



Consent Form Number: 1001237

Control Number: 1318822767

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

VANESSA AILEEN SMITH

Please print your name legibly

Vanessa Aileen Smith

Signature

August 26, 2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SMITH

FIRST NAME (CLAIMANT)

VANESSA AILEENE

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12069 W SILVERKING CT

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State

I.D

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83709

Telephone Number (Home)

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Telephone Number (Cell)

208-863-6153

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

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UBO



UBO0200112844

BARBI ROSSI
254 E MARSHALL ST
FERNDALE, MI 48220 2525



Consent Form Number: 1001129

Control Number: 3027029042

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Barbi Rossi
Please print your name legibly

Barbi Rossi
Signature

8/25/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Rossi

FIRST NAME (CLAIMANT)

Barbi

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State

M

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Telephone Number (Home)

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Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

brossi1980@gmail.com

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UBO



UBO0200016717



RICHARD BUZNEGO
6111 SW 92 COURT
MIAMI, FL 33173



Consent Form Number: 1000168

Control Number: 0243918996

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Richard Buznego

Please print your name legibly

Signature

8/27/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Buznego

FIRST NAME (CLAIMANT)

Richard

Address Line 1

5040 S.W. 69th Avenue

Address Line 2 (If Applicable)

City

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Zip

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Telephone Number (Cell)

305-495-1774

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richard.buznego@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

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UBO



UBO0200035147

STEPHANIE ESCOBAR
2121 S. JOSEPHINE STREET
UNIT 6
DENVER, CO 80210



Consent Form Number: 1000352

Control Number: 0017716742

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

STEPHANIE ESCOBAR

Please print your name legibly



Signature

8-25-2014

Date

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

ESCOBAR

FIRST NAME (CLAIMANT)

STEPHANIE

Address Line 1

2121 S. JOSEPHINE STREET UNIT 6

Address Line 2 (If Applicable)

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Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

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UBO



UBO0200082774



TAMARA MARTINA
1698 BRIGHTON AVE
A
GROVER BEACH, CA 93433 1812



Consent Form Number: 1000828

Control Number: 3152027833

CONSENT TO BECOME A PARTY TO A LAWSUIT

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Tamara martina
Please print your name legibly

U Materia
Signature

08/25/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MARTINA

FIRST NAME (CLAIMANT)

TAMARA

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Address Line 2 (If Applicable)

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Zip

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Telephone Number (Home)

805 - 904 - 5862

Telephone Number (Cell)

805 - 904 - 5862

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

TAMARAMARTINA21@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

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DEBORAH BREWER

Consent Form Number: 1000134

Control Number: 0005140514

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ DEBORAH BREWER
Signature

9/1/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

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UBO



UBO0200021276

EMILY CHEN
316 HIMROD STREET
#410
BROOKLYN, NY 11237

Consent Form Number: 1000213

Control Number: 0010832728



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

EMILY CHEN
Please print your name legibly

Emily Chen
Signature

08.26.14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

CHEN

FIRST NAME (CLAIMANT)

EMILY

Address Line 1

316 HIMROD ST 4410

Address Line 2 (If Applicable)

City

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State

NY

Zip

11237

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Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

EMOLEECHEN@GMAIL.COM

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UBO



UBO0200022828



CAROLINE CLEMENTS
11336 HUSTON ST
N HOLLYWOOD, CA 91601 4412



Consent Form Number: 1000229

Control Number: 0292313354

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Caroline Clements

Please print your name legibly

Signature

Date

8/20/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

CLEMENTS

FIRST NAME (CLAIMANT)

CAROLINE

Address Line 1

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Address Line 2 (If Applicable)

City

N HOLLYWOOD

Telephone Number (Home)

Telephone Number (Cell)

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State

CA

Zip

91601

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Caroline.clements54@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
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UBO



UBO0200043683

SHANNON GARRETT
68 HART STREET
APT 3
BROOKLYN, NY 11206

Consent Form Number: 1000437

Control Number: 0847131421



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Shannon Garrett
Please print your name legibly

Signature

8/28/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Garrett

FIRST NAME (CLAIMANT)

Shannon

Address Line 1

68 Hart St.

State

NY

Zip

11206

Address Line 2 (If Applicable)

APT 3

City

Brooklyn

Telephone Number (Home)

Telephone Number (Cell)

803-493-7216

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Shannonmackmack@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

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UBO



UBO0200076275

MARIA LOMBARDI
18 POWERS STREET
DEDHAM, MA 02026



Consent Form Number: 1000763

Control Number: 0002611344

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Maria Lombardi
Please print your name legibly

Maria Lombardi
Signature

8/26/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FIRST NAME (CLAIMANT)

LUMbARDI

Maria

Address Line 1

18 POWERS STREET

Address Line 2 (If Applicable)

City

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State

MA

Zip

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Telephone Number (Home)

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Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

M.Lombardi.6293@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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Fax: 1(844) 553-1309

JUSTIN PIETSCH

Consent Form Number: 1001034

Control Number: 0311446971

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ JUSTIN PIETSCH
Signature

9/2/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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UBO



UBO0200109255

JAY RICHARDSON
3359 BRYAN AVENUE
SIMI VALLEY, CA 93063

Consent Form Number: 1001093

Control Number: 1380012396



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jay Richardson
Please print your name legibly

Jay Richardson
Signature

8/27/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Richardson

FIRST NAME (CLAIMANT)

Jay

Address Line 1

3359 Bryan

Address Line 2 (If Applicable)

City

Simi Valley

State

CA

Zip

93063

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805 551-0365

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McEarchen et al. v. Urban Outfitters, Inc.

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UBO



UBO0200124387

LAUREN SOMPPI
688 MORRO STREET
SAN LUIS OBISPO, CA 93401



Consent Form Number: 1001244

Control Number: 3002227470

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Lauren Somppi
Please print your name legibly

Lauren Somppi
Signature

8/25/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SOMPPI

FIRST NAME (CLAIMANT)

LAUREN

Address Line 1

688 MORRO STREET

Address Line 2 (If Applicable)

City

SAN LUIS OBISPO

State

CA

Zip

93401

Telephone Number (Home)

Telephone Number (Cell)

805 704-9137

Email Address: (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

LAUREN.SOMPPI@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200077827

KRISTINE LOVELL
6044 CHAMPIONS CREST
CHARLOTTE, NC 28269



Consent Form Number: 1000779

Control Number: 1239525463

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Kristine Lovell
Please print your name legibly

Kristine Lovell
Signature

08/28/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

LOVELL

FIRST NAME (CLAIMANT)

KRISTINE

Address Line 1

6044 Champions crest DRIVE

Address Line 2 (If Applicable)

City

Charlotte

State

NC

Zip

28269

Telephone Number (Home)



Telephone Number (Cell)

912-508-1064

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

KNLOVELL88@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200045817



ALEX GOLUBSKI
2234 CROSS CREEK CT
SOUTH BEND, IN 46628



Consent Form Number: 1000459

Control Number: 1864728938

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Alex Golubski

Please print your name legibly

Signature

8-28-14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

GOLUBSKI

FIRST NAME (CLAIMANT)

ALEX

Address Line 1

2234 CROSS CREEK CT

Address Line 2 (If Applicable)

City

SOUTH BEND

State

IN

Zip

46628

Telephone Number (Home)

574-292-2393

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

AMgolubski@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
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Fax: 1(844) 553-1309

UBO



UBO0200133311

CHRISTINA TONIAN
178 BROAD ST
APT D
CHARLESTON, SC 29401 2455

Consent Form Number: 1001334

Control Number: 0018354169



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Christina Tonian

Please print your name legibly

Christina Tonian

Signature

8/23/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

TONIAN

FIRST NAME (CLAIMANT)

CHRISTINA

Address Line 1

178 BROAD ST

Address Line 2 (If Applicable)

APT D

City

CHARLESTON

State

SC

Zip

29401

Telephone Number (Home)

214-680-7385

Telephone Number (Cell)

214-680-7385

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

ctonian@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200003331

DANIELLE ARCHIBEE
1035 SANDERS STREET
APT 217
INDIANAPOLIS, IN 46203



Consent Form Number: 1000034

Control Number: 1272910325

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

DANIELLE ARCHIBEE

Please print your name legibly

Signature

AUGUST 29 2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

ARCHIBEE

FIRST NAME (CLAIMANT)

DANIELLE

Address Line 1

1035 SANDERS STREET

Address Line 2 (If Applicable)

APT 217

City

INDIANAPOLIS

State

IN

Zip

46203

Telephone Number (Home)

Telephone Number (Cell)

317-443-6410

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

DANNO.ARCHIBEE@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200062404

JACQUELYN JOHNSTON
10840 KELL AVE S.
BLOOMINGTON, MN 55437



Consent Form Number: 1000625

Control Number: 0304921137

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jacquelyn Johnston
Please print your name legibly

Signature

8/30/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

JOHNSTON

FIRST NAME (CLAIMANT)

JACQUELYN

Address Line 1

10840 KELL AVENUE SOUTH

Address Line 2 (If Applicable)

BLOOMINGTON

State

MN

Zip

55437

Telephone Number (Home)

612-817-2798

Telephone Number (Cell)

612-817-2798

Email Address. (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JACKIECHAN217@HOTMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

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Fax: 1(844) 553-1309

UBO



UBO0200094123



AMANDA MYERS
311 JOPPA CROSSING COURT
JOPPA, MD 21085



Consent Form Number: 1000942



Control Number: 0008235916

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Amanda Myers
Please print your name legibly


Signature

9/1/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MYERS

FIRST NAME (CLAIMANT)

AMANDA

Address Line 1

9817 GUN FORGE ROAD

Address Line 2 (If Applicable)

PERRY HALL

Telephone Number (Home)

410

Telephone Number (Cell)

410 322-9767

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

AMANDAJANE@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

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Fax: 1(844) 553-1309

UBO



UBO0200141847

MICHELLE WHITAKER
85 BEECKMAN AVE
CRANSTON, RI 02920 4444



Consent Form Number: 1001419

Control Number: 2481824628

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Michelle Whitaker
Please print your name legibly

Michelle Whitaker
Signature

8-27-2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

Maiden last name - Langlois

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

WHITAKER

FIRST NAME (CLAIMANT)

MICHELLE

Address Line 1

85 BEECKMAN AVE

Address Line 2 (If Applicable)

City

CRANSTON

State

RI

Zip

02920

Telephone Number (Home)

401-463-7422

Telephone Number (Cell)

714-917-7146

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200067836

NINA KIRKPATRICK
710 MARIGNY ST
NEW ORLEANS, LA 70117 8524



Consent Form Number: 1000679

Control Number: 2249125700

CONSENT TO BECOME A PARTY TO A LAWSUIT

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NINA KIRKPATRICK M.L.

Please print your name legibly

Signature

Date

9/4/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

KIRKPATRICK

FIRST NAME (CLAIMANT)

NINA

Address Line 1

537 OCTAVIA STREET

Address Line 2 (If Applicable)

NEW ORLEANS

City

NEW ORLEANS

State

LA

Zip

70115

Telephone Number (Home)

443-683-5169

Telephone Number (Cell)

443-683-5169

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

nina.irene.kirkpatrick@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200121380

NICOLE SIMONDS
5353 BALTIMORE DR
#82
LA MESA, CA 91942



Consent Form Number: 1001214

Control Number: 1818328008

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Nicole Marie Simonds



Please print your name legibly

Signature

9/3/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SIMONDS

FIRST NAME (CLAIMANT)

NICOLE

Address Line 1

5353 BALTIMORE DRIVE #82

Address Line 2 (If Applicable)

City

LA MESA

State

CA

Zip

91942

Telephone Number (Home)

Telephone Number (Cell)

760-547-4065

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NICOLE.SIMONDS.FINMAN@GMAIL.COM



McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
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Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200052122



ADRIENNE HART
509 WILLIAM STREET
TRENTON, NJ 08610



Consent Form Number: 1000522

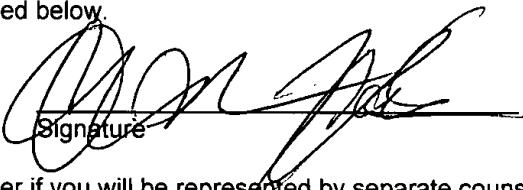
Control Number: 1203331392

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Adrienne Hart

Please print your name legibly


Signature

9/2/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Hart

FIRST NAME (CLAIMANT)

Adrienne

Address Line 1

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Address Line 2 (If Applicable)

City

TRENTON

State

NJ

Zip

08610

Telephone Number (Home)

- -

Telephone Number (Cell)

484-948-5794

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

addy.blank.hart@gmail.com



McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200098682



SARAH OPATZ
5303 W PORTAGE AVE
MILWAUKEE, WI 53223 4828

Consent Form Number: 1000987

Control Number: 0444831045

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sarah Opatz

Please print your name legibly

Signature

9/1/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

OPATZ

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

5303 W PORTAGE AVE

Address Line 2 (If Applicable)

City

MILWAUKEE

State

WI

Zip

53223

Telephone Number (Home)

Telephone Number (Cell)

262-497-7947

Email Address. (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Opatzsarah@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200135445



SOPHIA VALDIVIA
136 CHARLES ST
MOORPARK, CA 93021 1207



Consent Form Number: 1001355

Control Number: 0002492776

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sophia Valdivia
Please print your name legibly

Signature

8/26/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Valdivia

FIRST NAME (CLAIMANT)

Sophia

Address Line 1

136 Charles St

Address Line 2 (If Applicable)

City

Moorpark

State

CA

Zip

93021

Telephone Number (Home)

8105 298-2861

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200011285

ABBEY BLOCKER
111 E FRANKLIN AVE
MINNEAPOLIS, MN 55404



Consent Form Number: 1000113

Control Number: 0308347262

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Abby Blocker
Please print your name legibly

Abby Blocker
Signature

9.4.14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BLOCKER

FIRST NAME (CLAIMANT)

ABBEY

Address Line 1

111 E FRANKLIN AVE #109

Address Line 2 (If Applicable)

City

Minneapolis

State

MN

Zip

55404

Telephone Number (Home)

8051-334-2500

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

blockera318@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200040967

ADAM FRIEDLANDER
4555 SYLMAR AVE
APT 112
SHERMAN OAKS, CA 90046

Consent Form Number: 1000410

Control Number: 0740330560



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Adam Friedlander

Please print your name legibly

Signature

8/22/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FRIEDLANDER

FIRST NAME (CLAIMANT)

ADAM

Address Line 1

4555 SYLMAR AVE

Address Line 2 (If Applicable)

APT 112

City

SHERMAN OAKS

State

CA

Zip

91423

Telephone Number (Home)

818-384-2580

Telephone Number (Cell)

818-384-2580

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

afriedlander815@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO

UBO0200004980



ALYSSA BACCICHETI
2730 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411



Consent Form Number: 1000050

Control Number: 2394928510

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ANSSA Baccicetti
Please print your name legibly

ANSSA Baccicetti
Signature

9/8/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BACCICETTI

FIRST NAME (CLAIMANT)

ANSSA

Address Line 1

2730 MISTY OAKS CIRCLE

Address Line 2 (If Applicable)

City

Royal Palm Beach

State FL Zip 33411

Telephone Number (Home)

561-602-7414

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

ANSSABACCI@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200071910



DANIELLE LATTIMORE
246 HUNTINGTON LANE
EASTON, PA 18040



Consent Form Number: 1000720

Control Number: 0259431988

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Danielle Lattimore
Please print your name legibly

Dan Latti
Signature

9/3/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SPH

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Lattimore

FIRST NAME (CLAIMANT)

Danielle

Address Line 1

246 Huntington Ln

Address Line 2 (If Applicable)

City

EASTON

State

PA

Zip

18040

Telephone Number (Home)

610-570-6609

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

danielle.lattimore@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200114590



JUSTIN RYAN
213 CLINTON HEIGHTS AVE
COLUMBUS, OH 43202

Consent Form Number: 1001146

Control Number: 2089927143



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Justin Ryan
Please print your name legibly


Signature

9/9/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Ryan

FIRST NAME (CLAIMANT)

Justin

Address Line 1

213 Clinton Heights Ave

Address Line 2 (If Applicable)

City

Columbus

State

OH

Zip

43202

Telephone Number (Home)

790-405-0261

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Justin Ryan1014@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200122641



PAIGE SMITH



Consent Form Number: 1001227

Control Number: 0625614806

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Paige Smith

Please print your name legibly

Paige Smith

Signature

9/14/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SMITH

FIRST NAME (CLAIMANT)

PAIGE

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO

UBO0200105375



JULIA PRIORE
1632 N LEAVITT ST.
APT 2
CHICAGO, IL 60647



Consent Form Number: 1001054

Control Number: 2606127851

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

JULIA PRIORE

Please print your name legibly

Julia Priore

Signature

9/22/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

PRIORE

FIRST NAME (CLAIMANT)

JULIA

Address Line 1

1632 N LEAVITT ST

Address Line 2 (If Applicable)

#2

City

CHICAGO

State

IL

Zip

60647

Telephone Number (Home)

312-375-3410

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200044847



KYLE GIBSON
2319 N KEDZIE BLVD
APT 2R
CHICAGO, IL 60647 2527



Consent Form Number: 1000449



Control Number: 0386316571

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below. 

Kyle Gibson
Please print your name legibly

~~Signature~~

09/02/10
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.									
LAST NAME (CLAIMANT)					FIRST NAME (CLAIMANT)				
Gibson					Kylie				
Address Line 1									
2948 N. Algon									
Address Line 2 (If Applicable)									
Apt. 1E									
City					State		Zip		
Chicago					IL		60618		
Telephone Number (Home)					Telephone Number (Cell)				
768-305-4572									
Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)									
Kyliegibson01@gmail.com									

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200024671



ANDREA CONRAD
802 18TH ST
SANTA MONICA, CA 90403 1904



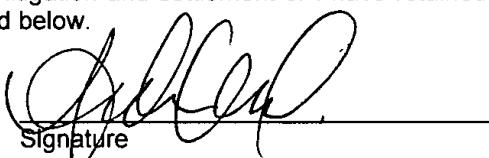
Consent Form Number: 1000247

Control Number: 3109431070

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant, Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Andrea Conrad
Please print your name legibly


Signature

9-26-14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

CONRAD

FIRST NAME (CLAIMANT)

ANDREA

Address Line 1

802 18th St

Address Line 2 (If Applicable)

City

Santa Monica

State

CA

Zip

90403

Telephone Number (Home)

Telephone Number (Cell)

805-458-0056

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Anakalia1020@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200088691

MEGHAN MESSNER
870 38TH AVE
SAN FRANCISCO, CA 94121



Consent Form Number: 1000887

Control Number: 0108576745

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Meghan Messner

Please print your name legibly

Signature

M

09.10.14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MESSNER

FIRST NAME (CLAIMANT)

Meghan

Address Line 1

870 38th Avenue

Address Line 2 (If Applicable)

City

San Francisco

State

CA

Zip

94121

Telephone Number (Home)

570 - 778 - 4179

Telephone Number (Cell)

570 - 778 - 4179

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

meghan.mmessner@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200003719

NICHOLAS ARNOLD
5901 E 13TH AVE
DENVER, CO 80220 2632



Consent Form Number: 1000038

Control Number: 1986011464

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Nicholas Myles-Fortino Arnold
Please print your name legibly

Signature

9.16.14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Arnold

FIRST NAME (CLAIMANT)

Nicholas

Address Line 1

5901 E 13th AVE

Address Line 2 (If Applicable)

City

Denver

State

CO

Zip

80220

Telephone Number (Home)

248-255-2176

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NicholasMFArnold@gmail.com

McEnrath et al. v. Urban Outfitters, Inc.

18-0005

P.O. Box 0140

Dublin, OH 43017-0140

Telephone No. 1/800/231-1815

Fax No. 614/763-1302

U.S.

PAUL A. PINKUS
2500 WOODLAND LAKE
COSTA MESA, CA 92626



Case No. FCPA 14-0005

Case No. 14-0005

CONSENT TO BEING SERVED BY MAIL

I, the signatory below, hereby consent to the service of process and notice of all legal documents by mail to me at the address set forth below. I further consent that any action or proceeding against me in the above captioned cause may be commenced in the State of California, the Federal District Court or in the United States Court of Appeals for the Ninth Circuit Court of Appeals, or in any other court of competent jurisdiction, and that I consent to the service of process by mail to me at the address set forth below.

PAUL A. PINKUS

Paul A. Pinkus, Esq., PLLC

Please note that the attorney you selected may not be represented by someone else in representing your case. Please see below.

FILE

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILLED WITH THE COURT.

LAST NAME (CLAMANT)

PINKUS

FIRST NAME (CLAMANT)

PAUL

MIDDLE NAME

PAUL

Address Line 1 (if applicable)

2500 WOODLAND LAKE

CITY

COSTA MESA

STATE

CA

Telephone Number (Home)

1 407 564 4154

Telephone Number (Cell)

Fax Number

PAULAPINKUSPLLC

Aug 26 2014 1:04PM Public Defender

(702)366-9308

p.1

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4248

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO

U300200099361

BRAD PACHECO
11753 VILLAGE ARBOR ST.
LAS VEGAS, NV 89163

Consent Form Number: 1000994



Control Number: 0274191982

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Brad Pacheco

Please print your name legibly

Signature

8/27/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION WILL NOT BE FILED WITH THE COURT.

LAST NAME (LAST NAME)

FIRST NAME (FIRST NAME)

PACHECO

Brad

Address Line 1

1207 E MARCO POLO RD

City

State

Zip

Address Line 2 (If applicable)

City

Phoenix

State

AZ 85024

Telephone Number (Home)

928-234-1288

Telephone Number (Cell)

928-234-1288

Email Address

bradlypee@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200004689

ALLYSON AWASTHI
6183-2 RIVERWALK LANE
JUPITER, FL 33458

Consent Form Number: 1000047

Control Number: 1238519921



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Allyson Awasthi

Please print your name legibly

Allyson

Signature

9/29/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

AWASTHI

FIRST NAME (CLAIMANT)

ALLYSON

Address Line 1

343 COUNTY CLUB DR

Address Line 2 (If Applicable)

TEQUESTA, FL 34166

City

TEQUESTA

State

FL

Zip

34166

Telephone Number (Home)

561-748-3260

Telephone Number (Cell)

561-427-3408

Email Address:

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

allysonawasthi@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200040094

MEGAN FRASER
2100 CAVANAUGH AVE
ATLANTA, GA 30316



Consent Form Number: 1000401

Control Number: 1539918439

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Megan Fraser
Please print your name legibly

MMD
Signature

9/27/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Fraser

FIRST NAME (CLAIMANT)

Megan

Address Line 1

2100 Cavanaugh Ave

Address Line 2 (If Applicable)

Atlanta, GA 30316

City

Atlanta, GA 30316

State

GA

Zip

30316

Telephone Number (Home)

404-553-1309

Telephone Number (Cell)

505-478-9826

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Fraser.megan1986@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200014001

SARAH BRONSON
1902 MARS RUN RD
ESSEX, MD 21221



Consent Form Number: 1000141

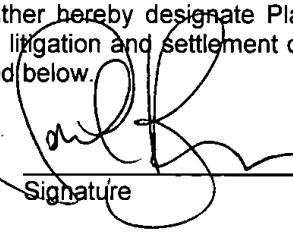
Control Number: 1377620952

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sarah Bronson

Please print your name legibly


Signature

09.19.14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BRONSON

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

1902 MARS RUN RD

Address Line 2 (If Applicable)

City

ESSEX

State

MD

Zip

21221

Telephone Number (Home)

443-231-8638

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

BRONSON-SARAH@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200103920

JEREMY PLANTE
1575 BRENTWOOD DR
TROY, MI 48098



Consent Form Number: 1001040

Control Number: 2942210169

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jeremy Planté
Please print your name legibly

Jeremy Planté
Signature

9/11/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT):

Planté

FIRST NAME (CLAIMANT):

Jeremy

Address Line 1

2311 E. Jolly Road

Address Line 2 (If Applicable)

Ap # 02

City

Lansing

State

Zip

Telephone Number (Home)

248 515 7687

Telephone Number (Cell)

248 - 515 7687

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Plant13d@cmich.edu

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200082580



CHRIS MARTIN
7199 SW SAGERT ST
UNIT 103
TUALATIN, OR 97062 8315



Consent Form Number: 1000826

Control Number: 0005347254

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Chris Martin
Please print your name legibly

Chris

Signature

9/10/15

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MARTIN

FIRST NAME (CLAIMANT)

CHRIS

Address Line 1

7199 SW SAGERT ST #103

Address Line 2 (If Applicable)

City

TUALATIN

State

OR

Zip

97062

Telephone Number (Home)

503-573-7015

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

CHRIS.MARTIN107@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200079961

MATTHEW LYBARGER
9631 WYMAN WAY
SPRING VALLEY, CA 91977



Consent Form Number: 1000800

Control Number: 2724319926

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Matthew LyBARGER

Please print your name legibly

Signature

9/22/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

LYBARGER

FIRST NAME (CLAIMANT)

MATTHEW

Address Line 1

9631 WYMAN WAY

Address Line 2 (If Applicable)

City

SPRING VALLEY

State

CA

Zip

91977

Telephone Number (Home)

(199) 890-3676

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MatthewLy17@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200129237

JILLIAN SWAIN
211 FRONT STREET
APT. 3
FIELDSBORO, NJ 08505



Consent Form Number: 1001293

Control Number: 2558023079

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jillian Swain
Please print your name legibly

Jillian Swain
Signature

2 Oct 2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Swain

FIRST NAME (CLAIMANT)

Jillian

Address Line 1

211 Front St

Address Line 2 (If Applicable)

3

City

Fieldsboro

State

NJ

Zip

08505

Telephone Number (Home)

Telephone Number (Cell)

609-751-2079

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

J.L.Swain88@gmail.com

McEachern et al v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9949

Dublin, OH 43017-4249

Telephone: 1(800) 231-1816

Fax: 1(844) 553-1309

UBO

UBO0200163182



SEAN REILLY
8157 E OAK ST
SCOTTSDALE, AZ 85257

Consent Form Number: 1001082

Control Number: 1344023391



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action against Plaintiff, Plaintiff Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I also hereby designate Plaintiff's counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement, or I have retained separate counsel to represent me in the suit or will represent myself as indicated below.

Sean Reilly
Please print your name legibly

SP
Signature

10/11/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF")

Self

PLEASE PRINT THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT): *Reilly*

FIRST NAME (CLAIMANT): *Sean*

MIDDLE NAME (CLAIMANT): *SP*

SUFFIX (CLAIMANT): *Jr*

MAIDEN NAME (CLAIMANT): *SP*

ADDRESS (CLAIMANT): *SP*

CITY (CLAIMANT): *SP*

STATE (CLAIMANT): *SP*

ZIP CODE (CLAIMANT): *SP*

COUNTY (CLAIMANT): *SP*

PHONE NUMBER (CLAIMANT): *SP*

FAX NUMBER (CLAIMANT): *SP*

E-MAIL ADDRESS (CLAIMANT): *SP*

TELETYPE NUMBER (CLAIMANT

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200007017

FATIMA BAYONITO
825 CASANOVA AVE #4
MONTEREY, CA 93940



Consent Form Number: 1000071

Control Number: 0457018628

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

FATIMA R BAYONITO

Please print your name legibly


Signature

9-16-2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BAYONITO

FIRST NAME (CLAIMANT)

FATIMA

Address Line 1

825 CASANOVA AVE

Address Line 2 (If Applicable)

APT 14

City

MONTEREY

State

CA

Zip

93940

Telephone Number (Home)

 - - - -

Telephone Number (Cell)

831-521-4880

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

YHMA@HOTMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200074432



RHIANNON LEYBA
9002 CHIMENYWOOD
ROWLETT, TX 75089



Consent Form Number: 1000745

Control Number: 0521027409

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Rhiannon M. Leyba
Please print your name legibly

Signature

10-6-14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Leyba

FIRST NAME (CLAIMANT)

Rhiannon

Address Line 1

9002 Chimneywood Dr

Address Line 2 (If Applicable)

City

Rowlett

State

TX

Zip

75089

Telephone Number (Home)

972-485-8554

Telephone Number (Cell)

214-207-7279

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

rhiannon.leyba@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

THOMAS BOWER

Consent Form Number: 1000128

Control Number: 0262484754

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ THOMAS BOWER
Signature

9/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200099070



MICHELLE OTERO
28 WALNUT ST
2
EVERETT, MA 02149 2349

Consent Form Number: 1000991

Control Number: 0181945668



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Michelle Otero
Please print your name legibly

OTero
Signature

9/26/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

OTERO

FIRST NAME (CLAIMANT)

MICHELLE

Address Line 1

28 Walnut St

Address Line 2 (If Applicable)

2

City

Everett

State

MA

Zip

02149

Telephone Number (Home)

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MLOTERO51&Y@yahoo.com

McCARTHER ET AL. - Dublin Outfitters, Inc.
c/o GCG
P.O. Box 9149
Dublin, OH 43017-4249
Telephone: (614) 231-1815
Fax: (614) 553-1300

卷之三

A circular stamp with the text "The Garden-City Group, Inc." around the top edge and "OCT 11 2014" in the center.

STEPHEN KIRK
111 MAINE AVENUE
CITY BEACH, CALIFORNIA

Concordia Seminary, St. Louis Graduate Department

PLEASE FILL IN THE INFORMATION BELOW. THE ELECTION WILL NOT GO ON TO THE 2ND CHART
IF THE 1ST CHART IS NOT FILLED OUT.

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THE HAWAIIAN
CHIEFTAIN

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1920-21

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卷之三

1970-1971

www.NutriC.com

DISCOUNTS ARE AVAILABLE FOR GROUP PURCHASES OR CALL TOLL FREE AT 1-800-211-1111

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200108673



LORIE REYES
2382 BOWERS AVE.
SANTA CLARA, CA 95051

Consent Form Number: 1001087

Control Number: 1767920481



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Lorie Anne lactaeen Reyes

Please print your name legibly

Signature

Date

10/14/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

REYES

FIRST NAME (CLAIMANT)

LORIE ANNE

Address Line 1

1124 Prague Street

Address Line 2 (If Applicable)

City

San Francisco

State

CA

Zip

94112

Telephone Number (Home)

Telephone Number (Cell)

408-476-5934

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

l0h.r3e.b311e@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

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Dublin, OH 43017-4249

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Fax: 1(844) 553-1309

UBO

UBO0200114396

NAOMI RYAN
823 ARKANSAS STREET
LAWRENCE KS 66044



Consent Form Number: 1001144

Control Number: 1110513450



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant, Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement, or I have retained separate counsel to represent me in the suit or will represent myself as indicated below.

Naomi Ryan

Please print your name legibly.

Signature

10-5-14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF")

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

RYAN

FIRST NAME (CLAIMANT)

NAOMI

Address Line 1

823 ARKANSAS

Address Line 2 (If Applicable)

CITY

LAWRENCE

State

KS

Zip

66044

Telephone Number (Home)

785-1440843

Telephone Number (Cell)

786-7640843

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you information relevant to this claim.)

NAOMI.MARKS@YAHOO.COM

QUESTIONS? VISIT WWW.GCGINC.COM/CASES-INFO/URBANOUTFITTERS OR CALL TOLL FREE AT 1(800) 231-1815

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200030491



JAYDEE DEVINE
14 WHITMORE PL
APT 23
OAKLAND, CA 94611



Consent Form Number: 1000305

Control Number: 2342412985

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

JAYDEE ANNE DEVINE

Please print your name legibly

Signature

9/15

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT

LAST NAME (CLAIMANT)

DEVINE

FIRST NAME (CLAIMANT)

JAYDEE

Address Line 1

14 WHITMORE PLACE APT 23

Address Line 2 (If Applicable)

City

OAKLAND

State

CA

Zip

94611

Telephone Number (Home)

Telephone Number (Cell)

831-227-0952

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JAYDEE.DEVINE@GMAIL.COM

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c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

ETHAN MOYA

Consent Form Number: 1000928

Control Number: 2283316742

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ ETHAN MOYA
Signature

10/17/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
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Fax: 1(844) 553-1309

RYAN MOORE

Consent Form Number: 1000912

Control Number: 2907717886

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ RYAN MOORE
Signature

10/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

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Dublin, OH 43017-4249

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Fax: 1(844) 553-1309

UBO



UBO0200118179

TYLER SCOTT
22030 2ND PL W
BOTHELL, WA 98021



Consent Form Number: 1001182

Control Number: 1063220030

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

TYLER S SCOTT

Please print your name legibly

Signature

10/15/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SCOTT

FIRST NAME (CLAIMANT)

TYLER

Address Line 1

22030 2ND PL W

Address Line 2 (If Applicable)

City

BOTHELL

State

WA

Zip

98021

Telephone Number (Home)

206 - 715 - 3331

Telephone Number (Cell)

N/A

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

TYLERSCOTT783@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200107606



LAURA REED
5487 EDGECLIFF CIRCLE
THOUSAND OAKS, CA 91362



Consent Form Number: 1001077

Control Number: 0008698550

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

LAURA REED
Please print your name legibly

Signature

10/16/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Reed

FIRST NAME (CLAIMANT)

LAURA

Address Line 1

5487 Edgecliff Circle

Address Line 2 (If Applicable)

City

Thousand Oaks

State

CA

Zip

91362

Telephone Number (Home)

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Telephone Number (Cell)

916-987-4044

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

lreed114@yahoo.com

McEarchen et al. v. Urban Outfitters, Inc.
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UBO



UBO0200067933



SARAH KISSAM
2129 LA VETA DR NE
ALBUQUERQUE, NM 87110 5133

Consent Form Number: 1000680

Control Number: 0029423397



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sarah Kissam

Please print your name legibly

Signature

8/28/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

KISSAM

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

2129 LA VETA NE

Address Line 2 (If Applicable)

City

ALBUQUERQUE

State

NM

Zip

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Telephone Number (Home)



Telephone Number (Cell)

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SARAH.KISSAM@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

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Fax: 1(844) 553-1309

UBO



UBO0200057360



EMILIA HOWARD
425 NE 30TH ST. APT. 702
MIAMI, FL 33137



Consent Form Number: 1000574

Control Number: 0221767017

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Emilia Howard

Please print your name legibly

Signature

9/9/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

H o n a r d

FIRST NAME (CLAIMANT)

E M I L i a

Address Line 1

415 NE 30th St. Apt. 702

Address Line 2 (If Applicable)

City

M i a m i

State

FL

Zip

33137

Telephone Number (Home)

Telephone Number (Cell)

210-667-0194

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

emilia.howard@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

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P.O. Box 9349

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Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200039512

MICHELE FRANCISCO
710 1/2 NORTH CAYUGA ST
ITHACA, NY 14850



Consent Form Number: 1000396

Control Number: 0026108533

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Michele Francisco

Please print your name legibly

Signature

9/18/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Francisco

FIRST NAME (CLAIMANT)

Michele

Address Line 1

710 1/2 North Cayuga St

Address Line 2 (If Applicable)

City

Ithaca

State

NY

Zip

14850

Telephone Number (Home)

607 - 229 - 0568

Telephone Number (Cell)

607 - 229 - 0568

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

FRANCISCO.Ithaca@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200143884

ERICA WOLF
23 MONTROSE MANOR CT
APT B
CATONSVILLE, MD 21228 5012



Consent Form Number: 1001439

Control Number: 0189247620

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ERICA WOLF
Please print your name legibly

8/31/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

WOLF

FIRST NAME (CLAIMANT)

ERICA

Address Line 1

23 MONTROSE MANOR COURT

Address Line 2 (If Applicable)

APT B

City

CATONSVILLE

State

MD

Zip

21228

Telephone Number (Home)

410-493-9405

Telephone Number (Cell)

410-493-9405

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

ericawolf@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200045138



SARAH GILLMARTEN
3814 FORT HILL DR
ALEXANDRIA, VA 22310



Consent Form Number: 1000452

Control Number: 1565316318

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

SARAH GILLMARTEN

Please print your name legibly

Sarah Gillmarten

Signature

8/30/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

GILLMARTEN

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

3814 FORT HILL DRIVE

Address Line 2 (If Applicable)

City

ALEXANDRIA

State

VA

Zip

22316

Telephone Number (Home)

703 - 329 - 0857

Telephone Number (Cell)

703 - 625 - 0472

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

S.GILLMARTEN@GMAIL.COM

McEachen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200124096



MEDINILLA SOARES
107 N 2ND STREET
APT 1
HARRISON, NJ 07029

Consent Form Number: 1001241

Control Number: 2582017339

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Medinilla Soares
Please print your name legibly

Medinilla Soares
Signature

9/8/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.											
LAST NAME (CLAIMANT)				FIRST NAME (CLAIMANT)							
SOARES				MEDINILLA							
Address Line 1											
107 N 2ND STREET											
Address Line 2 (If Applicable)											
City				State				Zip			
HARRISON				NU				07029			
Telephone Number (Home)				Telephone Number (Cell)							
				201-912-3931							
Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)											
MEDINILLA.SOARES@GMAIL.COM											



McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200144951



MANDI WOUPES
 199 LAUREL AVENUE
 KEARNY, NJ 07032

Consent Form Number: 1001450

Control Number: 0222854608

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Mandi Woupes

Please print your name legibly

Mandi Woupes

Signature

9/30/19

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF**PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.****LAST NAME (CLAIMANT)**

Woupes

FIRST NAME (CLAIMANT)

Mandi

Address Line 1

199 Laurel Ave

Address Line 2 (If Applicable)**City**

Kearny

State

NJ

Zip

07032

Telephone Number (Home)

201-772-6592

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

M.Woupes@yahoo.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

LUKE BEST

Consent Form Number: 1000102

Control Number: 0170903089

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ LUKE BEST 10/19/2014
Signature Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

MONICA GARZA

Consent Form Number: 1000439

Control Number: 0031372081

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ MONICA GARZA
Signature

10/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

SINAT GIWA

Consent Form Number: 1000454

Control Number: 3032728658

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ SINAT GIWA 10/19/2014
Signature Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200147570



JOSHUA ALLISON
4501 MIXSON AVE APT 104
N CHARLESTON, SC 29405 5105



Claim Number: 1000021



Control Number: 0814430884

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Joshua Allison
Please print your name legibly

Joshua Allison
Signature

9/8/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Allison

FIRST NAME (CLAIMANT)

Joshua

Address Line 1

15-A Village Dr

Address Line 2 (If Applicable)

City

BUFFTON

State

SC

Zip

29910

Telephone Number (Home)

843-214-8657

Telephone Number (Cell)

Email Address? (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JoshuaAllison8@comcast.net

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO

UBO0200086363



GARRETT MCGRAW
2515 SE 45TH ST.
TOPEKA, KS 66609



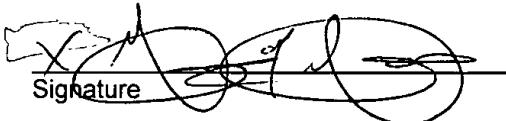
Consent Form Number: 1000864

Control Number: 0151474486

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

GARRETT MCGRAW
Please print your name legibly


Signature

8-29-2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MCGRAW

FIRST NAME (CLAIMANT)

GARRETT

Address Line 1

2515 SE 45TH ST.

Address Line 2 (If Applicable)

City

TOPEKA

State

KS

Zip

66609

Telephone Number (Home)

785-215-2383

Telephone Number (Cell)

785-215-2383

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MCGRAW.GARRETT@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200062016



SAVANNAH JOHNSON
1901 N HANCOCK ST
PHILADELPHIA, PA 19112



Consent Form Number: 1000621

Control Number: 0072417851

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Savannah Johnson
Please print your name legibly

Savannah Johnson
Signature

10/16/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

JOHNSON

FIRST NAME (CLAIMANT)

SAVANNAH

Address Line 1

608 KIMBARK STREET

Address Line 2 (If Applicable)

City

LONGMONT

State

CO

Zip

80501

Telephone Number (Home)

- -

Telephone Number (Cell)

410 - 963 - 4546

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

THE.SAVANNAH.LEE@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200117112

MATTHEW SCHACHTEBECK
535 HADDON ROAD
OAKLAND, CA 94606



Consent Form Number: 1001172

Control Number: 1409618063

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Matt Schachtebeck

Please print your name legibly

Signature

08/29/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

S C H A C H T E B E C K

FIRST NAME (CLAIMANT)

M A T T H E W

Address Line 1

5 3 5 H A D D O N R O A D

Address Line 2 (If Applicable)

City

O A K L A N D

State

C A

Zip

9 4 6 0 6

Telephone Number (Home)

5 1 0 - 6 9 7 - 5 5 5 2

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

M A T T . S C H A C H T E B E C K @ G M A I L . C O M

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200140489



GILLIAN WAY
6601 OLD SAUK RD
MADISON, WI 53705



Consent Form Number: 1001405

Control Number: 1120723018

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

GILLIAN WAY

Please print your name legibly


Signature

08.24.2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

WAY

FIRST NAME (CLAIMANT)

GILLIAN

Address Line 1

6601 OLD SAUK RD

Address Line 2 (If Applicable)

City

MADISON

State

WI

Zip

53705

Telephone Number (Home)

608-335-7120

Telephone Number (Cell)

608-335-7120

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO

USCG01000557.11

COLE HIGGINBOTHAM
4937 HIGHLAND
KANSAS CITY, MO 64110



Consent Form Number: 1000558

Control Number: 0717930900



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself as indicated below.

COLE HIGGINBOTHAM
Please print your name legibly

COLE
Signature

07/16/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

HIGGINBOTHAM

FIRST NAME (CLAIMANT)

COLE

Address Line 1

4937 Highland Ave

Address Line 2 (If Applicable)

City

KANSAS CITY

State

MO

Zip

64112

Telephone Number (Home)

Telephone Number (Cell)

417-566-0329

Email Address: colehigginb@comcast.net (You provide Email authority to GCG Admin to use it in providing you with information related to this claim.)

QUESTIONS? VISIT WWW.GCGINC.COM/CASES/INFO/URBANOUTFITTERS OR CALL TOLL FREE AT 1(800) 231-1815

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

ANTONELLA DURANTINE

Consent Form Number: 1000335

Control Number: 0097347130

CONSENT TO BECOME A PARTY TO A LAWSUIT

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/s/ ANTONELLA DURANTINE 10/20/2014
Signature Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

JENNIFER ZITO

Consent Form Number: 1001474

Control Number: 0060728472

CONSENT TO BECOME A PARTY TO A LAWSUIT

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/s/ JENNIFER ZITO
Signature

10/20/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200130692

ABIGAIL TAYLOR
100 WYCKOFF AVE
APT 4A
BROOKLYN, NY 11237

Consent Form Number: 1001307

Control Number: 0015865166



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ABIGAIL TAYLOR

Please print your name legibly

Abigail Taylor

Signature

10/8/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

TAYLOR

FIRST NAME (CLAIMANT)

ABIGAIL

Address Line 1

100 WYCKOFF AVE

Address Line 2 (If Applicable)

APT 4A

City

BROOKLYN

State

NY

Zip

11237

Telephone Number (Home)

917-693-0034

Telephone Number (Cell)

ABIGAILROBINTAYLOR@gmail.com

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200040773



BRITINI FREY
5332 MARICOPA DR
SIMI VALLEY, CA 93063

Consent Form Number: 1000408

Control Number: 0098487213



CONSENT TO BECOME A PARTY TO A LAWSUIT

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Britini, Frey

Please print your name legibly



Signature

9/2/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FREY

FIRST NAME (CLAIMANT)

BRITINI

Address Line 1

5332 Maricopa Drive

Address Line 2 (If Applicable)

City

Simi Valley

State

CA

Zip

93063

Telephone Number (Home)

805-657-3372

Telephone Number (Cell)

805-657-3372

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

COUNCILbeth@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200120701

MIA SHURDEN
1129 JUNIPER WAY
HUDSON, WI 54016



Consent Form Number: 1001208

Control Number: 0013753507

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Mia Shurden
Please print your name legibly

mia c. shurden
Signature

10/15/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SHURDEN

FIRST NAME (CLAIMANT)

MIA

Address Line 1

330 WASHINGTON ST

Address Line 2 (If Applicable)

UNIT B

City

SANTA CRUZ

State

CA

Zip

95060

Telephone Number (Home)

Telephone Number (Cell)

715-781-1257

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

mia.shurden@gmail.com

MARS
THE LEE

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBOD2000736561

STEPHANIE LEOGRANDE
PO BOX 342
MOUNT TABOR NJ 07878

UBO

UBOD2000736561

THE GARDEN CITY GROUP INC OCT 22 2014

Consent Form Number: 1000737
Control Number: 0054727615

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself as indicated below.

Stephanie LEOGRANDE *10/20/14*

Please print your name legibly: *Stephanie LEOGRANDE* Signature *10/20/14* Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"). *Stephanie LEOGRANDE*

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT

LAST NAME (CLAIMANT) *LEOGRANDE* FIRST NAME (CLAIMANT) *Stephanie*

Address Line 1: *PO BOX 342*

Address Line 2 (If Applicable):

City *MOUNT TABOR* State *NJ* Zip *07878*

Telephone Number (Home) *201-214-4253*

Email Address (Email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this class action.) *Stephanie LEOGRANDE @ gmail.com*

QUESTIONS? VISIT WWW.GCGINC.COM/CASES-INFO/URBANOUTFITTERS OR CALL TOLL FREE AT 1(800) 231-1815